

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33923
8212
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				c. CITY OR TOWN St. Louis			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Length of stay in 1b 2 Weeks			
3. NAME OF DECEASED (Type or print) Joseph				4. DATE OF DEATH August 29 1957			
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4 Dec 1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Disable		11. BIRTHPLACE (City and state or country) Victor Burg Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME Holstin Murphy				14. MOTHER'S MAIDEN NAME Fannie Cooper			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World 1		17. INFORMANT Mrs Janie Murphy Address 4320 Labadie			
18. CAUSE OF DEATH [Enter only one cause per field for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor Fracture of the Right Femur; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of the Right Femur; DUE TO (c) Fracture of the Right Femur;							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) E904745							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Suffered in fall at Chronic Hospital					
20c. TIME OF INJURY Hour a. m. 8 Month, Day, Year 9 57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 13					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Mo.		20f. CITY, TOWN, OR LOCATION St. Louis Mo. COUNTY St. Louis STATE Mo.					
21. I attended the deceased from 11:50 A to 1:30 P and last saw her alive on 8-30-57 Death occurred at 11:50 A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Reels (Deputy or title) Deputy		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE 9/4/57		23c. NAME OF CEMETERY OR CREMATORY National Cemetary		23d. LOCATION (City, town, or county) (State) St Louis County MO	
24. FUNERAL DIRECTOR Herman J. Smith ADDRESS 4247/w Labadie		25. DATE RECD. BY LOCAL REG. SEP 3 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith MO			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer.....

Signed.....

Licensed Embalmer No. 34

P. O. Address 4575 A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1)
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.